

NEVADA DEPARTMENT OF EDUCATION  
REQUEST FOR MEDIATION FORM

DATE REQUEST RECEIVED: \_\_\_\_\_

**Instructions:**

1. *This model form may be used by the parents or school district representative to request mediation. (You may also submit a written request for mediation in another manner.) Fill out the information that pertains to you and sign the form. Send this form to the other party to be signed for a joint request or submit it directly to the Mediation Coordinator at the Nevada Department of Education, Office of Special Education. (If the request is not a joint request, the agreement of the other party to mediate will be verified before the appointment of a mediator.)*
2. *If parties fill out this form at the same time, it is the responsibility of the school district to forward the form to the Nevada Department of Education.*
3. *The Mediation Coordinator will review this form, confirm the matter in dispute is under the IDEA, Part B and assign a Mediator.*
4. *The Mediator will contact you to make arrangements for the mediation session including the dates, times, and all logistics.*

**NAME OF CHILD:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address of the residence of the child, if not the same as the parent address below:** \_\_\_\_\_

**School:** \_\_\_\_\_

**School District of Attendance:** \_\_\_\_\_

**NAME(s) OF PARENT(s):** \_\_\_\_\_

**Address of Parent(s) (or contact information if homeless):** \_\_\_\_\_

**Contact Phone Number(s):** \_\_\_\_\_

**E-Mail Address (if available):** \_\_\_\_\_

**NAME OF SCHOOL DISTRICT REPRESENTATIVE:** \_\_\_\_\_

**Address of Representative:** \_\_\_\_\_

**Contact Phone Number(s):** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**BRIEF SUMMARY OF ISSUE(S) IN DISPUTE:**

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*Please check the following boxes that apply and provide the requested information, if known:*

- ☐ **A due process complaint has been filed regarding this issue(s).**  
Date Filed: \_\_\_\_\_  
Mediation instead of the Resolution Meeting? YES ☐ NO ☐  
Date the Decision is due: \_\_\_\_\_  
Has a hearing been scheduled? YES ☐ NO ☐ If yes, when: \_\_\_\_\_  
Name of Hearing Officer: \_\_\_\_\_
- ☐ **A state complaint has been filed regarding this issue(s).**  
Date Filed: \_\_\_\_\_ Date the Investigation Report is Due: \_\_\_\_\_
- ☐ **Special assistance is required to address special needs during mediation, such as an interpreter or accessibility needs. (Please specify)**  
\_\_\_\_\_  
\_\_\_\_\_

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*Submitted by:*

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**COMPLETED FORM TO BE FAXED/MAILED TO:**

**Mediation Coordinator  
Nevada Department of Education  
Office of Special Education  
700 East Fifth Street #113  
Carson City, NV 89701  
Voice: (775) 687-9171  
Fax: (775) 687-9123**